

Bullock Co. Correction
(INSTITUTION)

(Exhibit Four(4))

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright AIS NO: B187140 CELL: # 4
 VIOLATION OR REASON: Assault On Another Inmate
 DATE & TIME RECEIVED: 11/3/04 10:40 PM
 ADMITTANCE AUTHORIZED BY: Lt. Babers

DATE & TIME RELEASED:

PERTINENT INFORMATION:

DATE	SHIFT	MEALS	B	D	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
11/15	MORN	Y				N	N	Refused	N	No Meds	R. Johnson COI
	DAY	Y				N	1230-1233	10:00 AM	N	Webb inmate	J. Myatt COI
	EVE	Y				N	N	Refused	N	No med	J. Myatt COI
MON											
11/16	MORN	Y				no	no	Refused	no	No med	J. Elliott COI
	DAY	Y				N	R	VS1 AM	N	No med	J. Elliott COI
	EVE	Y				Y	N	Refused	N	No med	J. Elliott COI
TUE											
11/17	MORN	Y				no	no	Refused	no	No med	J. Elliott COI
	DAY	Y				no	no	Refused	N	No med	J. Elliott COI
	EVE	Y				N	N	Refused	N	No med	J. Elliott COI
WED											
11/18	MORN	Y				in	in	Refused	in	No med	M. Johnson COI
	DAY	Y				N	9:30-10:41	VS1 AM	N	No med	S. Martinez COI
	EVE	Y				Y	N	Refused	N	No med	M. Johnson COI
THUR											
11/19	MORN	Y				m	m	Refused	m	No med	M. Johnson COI
	DAY	Y				-	N	concealed	N	Reed med	J. Myatt COI
	EVE	Y				N	N	Refused	N	No med	J. Johnson COI
FRI											
11/20	MORN	N				N	N	Refused	N	No med	C. Young COI
	DAY	Y	no			N	9:30-9:35	CDP	N	Reed med	J. Myatt COI
	EVE	Y				Y	N	Refused	N	Reed med	J. Myatt COI
SAT											
11/21	MORN	N				N	N	Refused	N	No med	C. Young COI
	DAY	Y	-	-		N	9:30-10:15	VS1 AM	N	Reed med	J. Myatt COI
	EVE	Y				R	N	Refused	N	No med	J. Myatt COI
SUN											

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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CONFIDENTIAL RECORD
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Bullock Co. Correctional
(INSTITUTION)

- (Exhibits Four(4))

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright
VIOLATION #31
OR REASON: Assault on Another Inmate
DATE & TIME
RECEIVED: 11/3/04 10:40 PM

AIS NO: B1187140 CELL: # 84
ADMITTANCE
AUTHORIZED BY: Lt. Babers
DATE & TIME
RELEASED:

PERTINENT INFORMATION: _____

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (I/O)

Exercise: Enter Actual Time Period and
8:30/10:00 IN: 3:00/3:30 OUT

Medical: Physician will sign each time the inmates is seen

Medical: Physician will sign each time the inmate is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

e; etc.
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